For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493137014161

2019

OMB No. 1545-0047

Form **990**

Department of the

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form **990** (2019)

Cat. No. 11282Y

		nue Service						
			alendar year, or tax year begin C Name of organization	ning 07-01-2019 , and ending 06	-30-2020	D Employe	r idontif	ication number
	ck if ap dress cl	plicable:	RENSSELAER POLYTECHNIC INSTITU	JTE				ication number
	me cha					14-1340	0095	
	tial retu		Doing business as					
	al return, iended	/terminated	Number and street (or P.O. boy if m	ail is not delivered to street address) Room	ı/suite	E Telephon	e number	
		n pending	110 EIGHTH STREET	an is not delivered to street address/ Room	i/Suite	(518) 27	76-6426	
•			City or town, state or province, coun	try, and ZIP or foreign postal code				
			TROY, NY 12180			G Gross red	ceipts \$ 8	62,039,809
			F Name and address of principa	l officer:	H(a) I	s this a group ret	urn for	
			110 EIGHTH STREET			subordinates?		□Yes ☑No
			TROY, NY 12180		Н(b) А	Are all subordinate	es	☐ Yes ☐No
Tax	k-exem	pt status:	☑ 501(c)(3) □ 501(c)() ◄ (insert no.)		ncluded? f "No," attach a li	st. (see	
W	ebsite	e: • ww	w.rpi.edu			Group exemption	•	•
(Forn	n of org	ganization:	✓ Corporation ☐ Trust ☐ Asso	ciation Other	L Year of	formation: 1824	M State	of legal domicile: NY
Pa	ırt I	Sumi	.					
			scribe the organization's mission or r educates the leaders of tomorrov	r most significant activities: v for technologically based careers. W	e celebrate d	discovery and the	respons	sible application of
ي د			/ to create knowledge and global p					i i
ŧ	_							
<u> </u>	_							
Governance	2 (Check thi	s box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed c	of more than	25% of its net as	ssets.	
) ජ				g body (Part VI, line 1a)			3	23
ACUMUES &	4 1	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	23
Š	5	Total nun	nber of individuals employed in cal	endar year 2019 (Part V, line 2a) .			5	4,880
3	6	Total nun	nber of volunteers (estimate if nec	essary)			6	253
٦.	7a -	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	377,694
	b	Net unrel	ated business taxable income fron	n Form 990-T, line 39			7b	
						Prior Year		Current Year
Q,	8 (Contribut	ions and grants (Part VIII, line 1h)			48,962,2	:38	30,104,177
Ravenua	9 1	Program	service revenue (Part VIII, line 2g)			569,192,7	'93	599,010,631
è	10 I	Investme	nt income (Part VIII, column (A), li	nes 3, 4, and 7d)		31,829,1	.14	23,657,671
_	11 (Other rev	enue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		330,6	54	274,699
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		650,314,7	'99	653,047,178
	13 (Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3)....		222,502,5	27	229,703,901
	14	Benefits p	paid to or for members (Part IX, co	lumn (A), line 4)				(
\$	15 9	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5–10)	213,705,0	80	220,199,088
Expenses	16 a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)		52,8	37	62,072
άx	b∃	Total fundr	aising expenses (Part IX, column (D), I	ine 25) ▶6,013,155				
ш	17 (Other exp	penses (Part IX, column (A), lines :	l1a-11d, 11f-24e)		157,005,9	61	169,377,461
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		593,266,3	33	619,342,522
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		57,048,4		33,704,656
Net Assets of Fund Balances					Begin	ning of Current Ye	ear	End of Year
alar	20 -	Total asse	ets (Part X, line 16)			1,530,343,9	177	1,598,843,813
8 P			ilities (Part X, line 26)			988,415,5	-	1,076,958,576
E E			s or fund balances. Subtract line 2			541,928,4	_	521,885,237
	rt II		ature Block			0.1,510,	, •	522,655,257
Jnder	pena	lties of p	erjury, I declare that I have exami	ned this return, including accompany				
	edge a nowled		f, it is true, correct, and complete.	Declaration of preparer (other than o	officer) is bas	sed on all informa	ation of v	which preparer has
iiiy ix	101110	uge.						
		*****				2021-05-17		
Sign		Signati	ure of officer			Date		
lere	:		a J Hough Vice President & CFO					
		<u> </u>	r print name and title					
	_	P	rint/Type preparer's name	Preparer's signature	Date	Check if P	TIN	
Paid		<u> </u>	irm's name			self-employed		
_	oare	:•	irm's name 🕨			Firm's EIN ►		
Jse	Onl	ly ြ	irm's address 🟲			Phone no.		
			this return with the preparer show					res □ No

Form	990 (2019)					Page 2
Pa	Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	dule O contains a res	ponse or note to a	any line in this Part III		🗸
1	Briefly describe the o		•	···· ,		
	selaer educates the lea eate knowledge and glo		technologically b	ased careers. We celeb	rate discovery and the respon	asible application of technology
2	3	, ,	, ,	vices during the year w	hich were not listed on	□ Yes V No
	'					⊔ Yes ⊻ No
_	If "Yes," describe the					
3	-	<u>-</u> .	make significant	changes in how it condi	ucts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Scheo	lule O.			
4		d 501(c)(4) organiza	tions are required	to report the amount of	largest program services, as of grants and allocations to otl	
	(Code:) (Expenses \$	214,142,814	including grants of \$	32,778,948) (Revenue \$	479,073,978)
	See Additional Data	, (-				,,
4b	(Code:) (Expenses \$	177,048,479	including grants of \$	175,527,894) (Revenue \$)
	See Additional Data					
4c	(Code:) (Expenses \$	127,985,853	including grants of \$	21,338,429) (Revenue \$	110,936,485)
	See Additional Data					
4d	Other program service	ces (Describe in Sche	dule O.)			
	(Expenses \$	42,678,230 ir	cluding grants of	\$ 58,6	530) (Revenue \$	9,000,168)
4e	Total program serv	/ice expenses ►	561,855,3	76		

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I "S	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{Solution}$.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			No
7	Schedule D, Part 2	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b	Yes	
<u></u>	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		0 (2019)

orm	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 2	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 ;	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 485		163	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

	Giologia de Para di la Culta de Callina de C			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
-0	If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" respo	onse to	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
Se	ection A. Governing Body and Management		Yes	NI -
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23		res	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or	1		
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2		2		No
3				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Se	ection C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PRensselaer's Controller Office 110 Eighth Street Troy, NY 12180 (518) 276-6426			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's tax
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no												
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the	
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Form 99	<u> </u>													Page 8
Part VI	· · · · · · · · · · · · · · · · · · ·		, Key l	Empl			and	Higl	nest Cor	npensat	ted Employees	(cont	tinued)	
	(A) Name and title Average hours per week (list any hours for related				n off	t che unle: ficer rust		son	Repo compo froi orgai	(D) (E) portable Reportate pensation compensa om the from relate anization organization -2/1099- (W-2/109		tion amount of oth ted compensatio ons from the		ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensate	Former		ISC)	MISC)		related organizations	
See Addi	tional Data Table						<u> </u>							
												+		
1b Sub	-Total			٠.	٠.	-	<u> </u>		ļ.		l	ľ		
_	al from continuation sheets to Pa al (add lines 1b and 1c)	rt VII, Section			•		>		8.9	951,467		+		1,635,859
2 To	tal number of individuals (including reportable compensation from the	but not limited	to thos			bov	e) who	rec	eived mo	re than \$	100,000			· ·
	d the organization list any former of e 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e	mpl	oyee,	or hi	ghest cor	mpensate	d employee on	3	Yes Yes	No
or	r any individual listed on line 1a, is ganization and related organizations dividual										m the	4		
	d any person listed on line 1a receiv									tion or in	dividual for	5	Yes	No
	on B. Independent Contract													
	emplete this table for your five higher om the organization. Report comper											mpen	sation	
		(A) nd business addre	ess								(B) scription of services		(C Comper	nsation
RC Housir	ng 1 LLC									Rent			1	,563,250
	IY 12534 Iina LLP									Legal			1	,446,061
PO Box 1	50435									-				. ,
	CT 06115 artments LLC									Rent			1	,097,550
PO Box 1. Albany, N														
Pattison S	ampson Ginsberg & Griffin			_		_				Legal				748,215
Troy, NY										Rent				626,003
302 Wash	ington Ave Ext									T.CITE				020,003
	I number of independent contractor		not lim	ited t	o th	ose	listed	abov	ve) who r	eceived r	nore than \$100,0	00 of		
com	pensation from the organization > 3	ου											Form 99	0 (2019)

		(2019)								Page 9
Part	VII						line in this Deat VIII			
		Check if Sched	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1	a Federated campa	igns	· .	1a	L	L	revende		312 311
Grants mounts		b Membership dues	5.	· [1 b					
Gra mo		c Fundraising even	ts .	[1c	1,029,279				
fs, r A		d Related organiza	tions	, <u> </u>	1d					
ija Ila		e Government grants	(con	tributions)	1e					
Sin's		f All other contributio and similar amounts	ns, g	jifts, grants,	ĺ					
utic Ter		above		L	1f	29,074,898				
音音		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	1,062,645				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines :	1a-1	f		•	00.404.477			
						Business Code	30,104,177			
	2 <i>a</i>	Auxiliaries				611710	6,109,542	6,109,542		
en.		-				011710	2,890,626	2,890,626		
ever	b	Other revenue				900099	2,030,020	2,030,020		
⊕ 25	c	Research contracts				900099	110,936,485	110,936,485		
ar vic	لد	Tuition & fees, housin	na &			-	479,073,978	479,073,978		
Program Service Revenue	C	, and on a rees, Housil	.y u			611600	. ,			
grai	e	•				1 <u> </u>				
δ										
		All other program								
		Total. Add lines 2				599,010,631	1	T		Τ
		Investment income similar amounts)				nterest, and other	12,401,27	6,509	P	12,394,770
		Income from invest	mer	nt of tax-exen	npt bo	ond proceeds		0		
	5	Royalties	_	() 0	•	•	930,34	5		930,346
				(i) Real		(ii) Personal				
		Gross rents	6a	4,23	33,625	5				
	b	Less: rental expenses	6b	3,8:	17,856	5				
	С	Rental income or (loss)	6c	4:	15,769					
	(Net rental income				l .	_ 415,769	9	113,947	301,822
				(i) Securit	ies	(ii) Other				
	7 <i>a</i>	7a Gross amount from sales of assets other than inventory		213,379,616		184,34	4			
	b	Less: cost or other basis and sales expenses	7b	202,10	64,194	143,37	4			
	С	Gain or (loss)	7с	11,2:	15,422	40,97	o l			
		d Net gain or (loss)					11,256,39	40,970	263,747	10,951,675
Other Revenue	82	a Gross income from fu (not including \$ contributions reported See Part IV, line 18	1 d on	,029,279 of line 1c).	8a					
· Re	ŀ	Less: direct expen	ses		8b	1,169,501				
the	(c Net income or (los	s) fr	om fundraisii	ng ev	ents	-1,169,50	1		-1,169,501
		Gross income from See Part IV, line 19	•		9a					
		Less: direct expen			9b ctiviti	ies ·	J	0		
	•	or (100	, I.	om gammig a		les •	1			
	10	a Gross sales of inve				1,795,791				
	ı	Less: cost of good			10a 10b	1,793,791				
		Net income or (los						98,08	5	
		Miscellaneo	_			Business Code				
	11	la								
	ŀ)								
	•	=								
		d All other revenue								
	•	Total. Add lines 1	1a-:	11d		•				
	12	2 Total revenue. S	ee ir	nstructions .			653,047,17		377,694	23,409,112
							333,547,176	- 355,130,19.	-1 3//,034	Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,699,790	6,699,790		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	222,741,532	222,741,532		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	262,579	262,579		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,038,482	2,383,151	5,123,567	531,764
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	169,667,388	151,665,742	15,094,108	2,907,538
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,525,096	8,966,551	1,558,545	
9 Other employee benefits	21,491,854	18,787,760	1,677,663	1,026,431
10 Payroll taxes	10,476,268	8,835,033	1,641,235	
11 Fees for services (non-employees):				
a Management	0			
b Legal	3,406,043		3,406,043	
c Accounting	576,352		576,352	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	62,072			62,072
f Investment management fees	1,460,339		1,460,339	,
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,282,430	46,277,147	3,258,034	747,249
12 Advertising and promotion	323,862	64,168	259,028	666
13 Office expenses	7,376,645	6,493,858	739,051	143,736
14 Information technology	4,023,863	2,969,352	1,010,047	44,464
15 Royalties	0			
16 Occupancy	21,441,150	17,597,748	3,758,772	84,630
17 Travel	4,493,186	4,309,772	37,951	145,463
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	502,370	495,987		6,383
20 Interest	32,989,357	29,499,895	3,489,462	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	29,069,463	24,561,907	4,507,556	
23 Insurance	6,833,959	4,225,014	2,604,246	4,699
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				<u> </u>
expenses on Schedule O.) a Other miscellaneous	3,436,962	2,303,952	952,467	180,543
			,	127,517
b Printing and Publications	3,035,013	2,714,438	193,058	127,317
c Bad debt expense	126,467		126,467	
d				
e All other expenses	0			
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 	619,342,522	561,855,376	51,473,991	6,013,155
educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

21

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Liabilities 22

Fund Balances

ō 29

Assets 30 21

22

23

24

25

26

27

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29

30

31

32

33

17,307,784

322,875,470

94,437,057

1.076.958.576

-134,977,774

656,863,011

521,885,237

1,598,843,813

Form 990 (2019)

17,378,496

40,818,013

311,620,201

988.415.501

-112,032,737

653,961,213

541,928,476

1,530,343,977

Page **11**

Check	if	Sc	hed	ul	e

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	17,585,343	2	23,760,03

49.533.090 3 Pledges and grants receivable, net . . 6.726.950 Accounts receivable, net 4

O contains a response or note to any line in this Part IX .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

71,507,659 8,130,375 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . .

Assets 525.426 690.076 Inventories for sale or use . . Prepaid expenses and deferred charges . 6,686,974 9 6,873,255

10a Land, buildings, and equipment: cost or other 10a 1,254,606,618 basis. Complete Part VI of Schedule D 10b 571,596,104 662,169,617 10c 683,010,514 b Less: accumulated depreciation 11 Investments—publicly traded securities . 392,604,739 11 415,064,257

346.557.489 325,991,928 12 Investments—other securities. See Part IV, line 11 . 12

23,949,615 13 18,538,342 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets . 15 24,004,734 15 45,277,377 Other assets. See Part IV, line 11 . . .

1,530,343,977 16 1,598,843,813 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 140,769,565 17 167,462,562 18 18 Grants payable . 56,853,385

19 52,505,365 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 425.323.861 20 418.022.318

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software Version: 2019v5.0

EIN: 14-1340095

Software ID: 19009920

Name: RENSSELAER POLYTECHNIC INSTITUTE

Form 990 (2019)

Form 990, Part III, Line 4a:

INSTRUCTIONNumber of students enrolled: Undergraduate 6,230 Graduate 1,366

Form 990, Part III, Line 4b: SCHOLARSHIP & FELLOWSHIPNumber of undergraduate students on scholarship: 5,202Number of graduate students on scholarships/fellowships; 1,157

Form 990, Part III, Line 4c: RESEARCHNumber of active research projects: 638

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

and Independent Contractors

BARBARA HOUGH

Vice President

JOHN E KOLB

Vice President

Vice President

CRAIG COOK

Vice President

THOMAS BEGLEY

Secretary

Professor

JONATHAN DORDICK

JONATHAN WEXLER

·	1							(1)1 - (1-0-0-		1	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	0 O	organization and related organizations	
SHIRLEY ANN JACKSON	55.00			х				1,847,271	0	800,674	
President	0.00										
CURTIS N POWELL	50.00							F26 670		225.662	
Vice President	0.00			X				536,670	U	235,662	
PRABHAT HAJELA	45.00			х				534.901	0	36.616	

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474,158

462,677

459,548

424,218

406,231

395,413

45,498

37,800

35,714

35,333

42,415

29,283

34,556

			X		536,670	
Vice President	0.00		^		355,575	
PRABHAT HAJELA	45.00		v		534,901	
Provost	0.00		^		334,901	
GRAIG EASTIN	45.00		V		496.266	
Vice President	0.00		^		486,266	'

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SHEKAR GARDE Dean, School of Engineering	40.00							383,828	0	41,696	
BILL FRANCIS	0.00 40.00										
Professor	0.00							385,170	0	39,209	
CLAUDE ROUNDS	40.00			х				385,401	0	38,598	
Vice President	0.00										
RICHIE HUNTER	45.00										

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374,495

359,925

357,538

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43,093

35,984

35,758

35,915

32,055

Professor	
CLAUDE ROUNDS	
Vice President	
RICHIE HUNTER	
Vice President	
ROBERT LINHARDT	

Professor

Professor

Professor

Trustee

Trustee

MARY SIMONI

BOLESLAW SZYMANSKI

PETER KONWERSKI

LINDA PITZI JOJO

WANDA DENSON-LOW

Vice President

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

GARY T DICAMILLO

ARTHUR F GOLDEN

CURTIS R PRIEM

TJ WOJNAR JR

ROY N DAVIS

DAVID M HIRSCH

Trustee

Trustee

Trustee

Trustee

Trustee

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KATHRYIN I MURTAGH	2.00	Х						0	0	0
Trustee	0.00									
DANIEL T PICKETT III	2.00									
		Х						0	0	0
Trustee	0.00									

DANIEL T PICKETT III	2.00	X			0	0
Trustee	0.00				,	J
GEORGE CAMPBELL JR	2.00					
		X			0	0
Trustee	0.00					
JOHN D BENNETT	2.00					
		Χ			0	0
Trustee	0.00					

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally hours	anu	a un	ecto		ustee	'	Organización (Organizations	l lioni the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN E KELLY III Trustee	0.00	Х						0	0	0
JEFFREY L KODOSKY	2.00	Х						0	0	0
Trustee	0.00									
MARK MITTLE	2.00									

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Trustee	0.00		
JEFFREY L KODOSKY	2.00		
		Х	
Trustee	0.00		
MARK M LITTLE	2.00		
		Х	
Trustee	0.00		
NANCY S MUELLER	2.00		
		Х	
Trustee	0.00		
JANET C RUTLEDGE	2.00		
		Χ	

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

JACKSON P TAI

SIVA SIVARAM

EDWARD J ZANDER

PAUL J SEVERINO

PAULA LORING SIMON

and Independent Contractors (A)

Name and Title

hours per week (list any hours for related organizations below dotted line)
2.00

(B)

Average

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

compensation from the organization (W-2/1099-MISC)

(D)

Reportable compensation organizations

(E)

Reportable

from related

(W- 2/1099-

MISC)

Estimated

amount of other

compensation

from the

organization and

related

organizations

DAVID HO

Trustee

Institutiona .00 Χ 0.00

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493137014161				
SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99		Complete if the or	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	· a section	2019				
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nie Service he organiza POLYTECHNIC					Employer identific					
INLINUS	PELALIN						14-1340095					
	rt I		for Public Charity State a private foundation because				See instructions.					
1	n garnz		onvention of churches, or as	•			(A)(i)					
2		,	scribed in section 170(b)(
3	$\overline{\mathbf{V}}$,	, ,						
		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:										
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170				
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).					
7		_	ation that normally receives (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in				
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. S					ege or university or a				
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a					
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar								
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its				
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organ n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter			· · · · · · · · · · · · · · · ·	-		<u></u>					
g	Provi	de the follow	ing information about the su	pported organization(s).							
	(i) N	organization organization in your governing document? monetary support other suppo						(vi) Amount of other support (see instructions)				
					Yes No							
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	000 ==\ -=:				

14

Schedule A (Form 990 or 990-EZ) 2019

47.090 %

52.870 %

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.) Section A Public Support

	ection A. Public Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
١.	(or fiscal year beginning in) ▶	,	\-,	·-,	,	(-)	(-)
1	Gifts, grants, contributions, and membership fees received. (Do not	43,838,677	40,469,007	42,488,905	48,962,238	30,104,177	205,863,004
	include any "unusual grant.")	43,636,677	40,469,007	42,466,903	40,902,230	30,104,177	203,663,004
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	43,838,677	40,469,007	42,488,905	48,962,238	30,104,177	205,863,004
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						64,098,819
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f).						
6	Public support. Subtract line 5						
٥	from line 4.						141,764,185
_	ection B. Total Support		l.	ı	ı	I	
_	Calendar vear						
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	, , ,	43,838,677	40,469,007	42,488,905	48,962,238	30,104,177	205,863,004
8		,,	,,	, ,	, , , , , , , , , , , , , , , , , , , ,	,,	,
ľ	dividends, payments received on						
	securities loans, rents, royalties	16,476,018	17,697,009	17,721,255	16,942,657	17,565,250	86,402,189
	and income from similar sources			, ,			
9	Net income from unrelated						
	business activities, whether or not						0
	the business is regularly carried on						·
	Other income. Do not include sets						
10	Other income. Do not include gain or loss from the sale of capital	1,663,074	1,852,438	1,722,762	1,758,634	1,795,791	8,792,699
	assets (Explain in Part VI.).	1,003,074	1,032,430	1,722,702	1,730,034	1,/93,/91	0,/92,099
11	Total support. Add lines 7 through						
1	10						301,057,892
12		etc. (see instruction	ons)			12	-1,654,707,950
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	nization,
	check this box and ${f stop\ here}$					▶ 🗆	
S	ection C. Computation of Publi						
_	•		<u> </u>				

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2018 Schedule A, Part II, line 14

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

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10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV. See			
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction	ns		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to who details in Part VI). See instructions	hich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

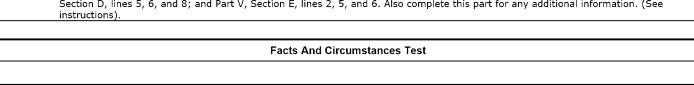
Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 14-1340095

Name: RENSSELAER POLYTECHNIC INSTITUTE

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).



• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493137014161

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	►Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	Inspec
If the organization ans	wered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Ac	tivities), then

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

		01(c)(3)) organizations: Complete Part	s I-A and C below	. Do not complete Part I-B.	
	Section 527 organizations: Complet organization answered "Yes" or	e Part I-A only. n Form 990, Part IV, Line 4, or Form 9	990-F7. Part VI. li	ne 47 (Lobbying Activitie	s), then
•	Section 501(c)(3) organizations that	have filed Form 5768 (election under	section 501(h)): C	omplete Part II-A. Do not o	omplete Part II-B.
		have NOT filed Form 5768 (election u			
	ne organization answered "Yes" or oxy Tax) (see separate instruction	າ Form 990, Part IV, Line 5 (Proxy Ta ຣາ then	x) (see separate	instructions) or Form 990)-EZ, Part V, line 35c
	Section 501(c)(4), (5), or (6) organize				
Na	ame of the organization	•		Employer ide	ntification number
RE	ENSSELAER POLYTECHNIC INSTITUTE			14-1340095	
Pa	rt I-A Complete if the organ	nization is exempt under section	on 501(c) or is		ization.
1	<u> </u>	ization's direct and indirect political ca			
2		litures (see instructions)			\$
3		aign activities (see instructions)			
Pa		nization is exempt under section			
1	Enter the amount of any excise ta	ex incurred by the organization under s	ection 4955	>	\$
2		ax incurred by organization managers ι			\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?		☐ Yes ☑ No
4a	Was a correction made?				☐ Yes ☑ No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organ	nization is exempt under section	on 501(c), exc	ept section 501(c)(3).
1	Enter the amount directly expend	ed by the filing organization for sectior	527 exempt func	tion activities 🕨	\$
2		anization's funds contributed to other o	-	·	\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and o	n Form 1120-POL	, line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) o each organization listed, enter the am that were promptly and directly delive se (PAC). If additional space is needed,	ount paid from the ed to a separate p	e filing organization's funds political organization, such	s. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
L					
2					
3					
1					
5					
5					
or	Panerwork Reduction Act Notice see	the instructions for Form 990 or 990-F7.		No E00946 Schodule C	(Form 900 or 900-E7) 2010

Grassroots lobbying expenditures

Return Reference

or each "Ye	es" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
ctivity.		Yes	No	Am	ount
	g the year, did the filing organization attempt to influence foreign, national, state or local legislation, ling any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volun	teers?				
b Paid s	taff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?				
d Mailin	gs to members, legislators, or the public?				
e Public	ations, or published or broadcast statements?				
f Grant	s to other organizations for lobbying purposes?				
g Direct	contact with legislators, their staffs, government officials, or a legislative body?				
h Rallie	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other	activities?				
j Total.	Add lines 1c through 1i				
a Did th	ne activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Ye	s," enter the amount of any tax incurred under section 4912				
c If "Ye	s," enter the amount of any tax incurred by organization managers under section 4912				
d If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-		(5), o	r secti	on	
	501(c)(6).		r secti	Y	es N
. Were	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		r secti	1 Ye	es N
. Were	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		E	1 2	es N
L Were Did th	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		 [1 2 3	
. Were 2 Did th 3 Did th	substantially all (90% or more) dues received nondeductible by members?	(5), o		You 1 2 3 on 501	
Were Did the Dues,	substantially all (90% or more) dues received nondeductible by members? be organization make only in-house lobbying expenditures of \$2,000 or less? be organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members	 (5), o		You 1 2 3 on 501	
. Were Did the Did the Part III-	substantially all (90% or more) dues received nondeductible by members?	(5), o		You 1 2 3 on 501	
Were Did the D	501(c)(6). substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	(5), o		You 1 2 3 on 501	
Were Did th Did th art III- Dues, Sectic expe a Curre b Carry	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political makes for which the section 527(f) tax was paid).	(5), o III-A		You 1 2 3 on 501	
Were Did th Did th Dues, Section expe Curre Carry Carry Total	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year	(5), o III-A 1 2a 2b		You 1 2 3 on 501	
. Were 2 Did th 3 Did th 4 Part III Dues, 2 Section expe a Curre b Carry c Total 3 Aggre 4 If not the oi	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year signate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 2a 2b 2c 3		You 1 2 3 on 501	
Dues, Carry Cartal Aggre I foot Experiments I not the or experiments	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure are severed in section of the excess does organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), o IIII-A 2a 2b 2c 3		You 1 2 3 on 501	
L Were Did th Did th Dues, Section Expense Carry Carry Total Aggre If not the on expense	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen that the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political diditure next year?	(5), o IIII-A 2a 2b 2c 3		You 1 2 3 on 501	

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493137014161

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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6

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▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** RENSSELAER POLYTECHNIC INSTITUTE 14-1340095 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

1a Land

e Other .

 ${f b}$ Buildings

 ${f c}$ Leasehold improvements **d** Equipment . . .

	edule D (Form 990) 2019						Page 2
Par	t III Organizations Maintai	ning Collections of A	Art, Histori	ical Treas	ıres, or Other S	imilar Assets	(continued)
3	Using the organization's acquisition items (check all that apply):	n, accession, and other re	•	any of the fo	llowing that are a s	ignificant use of i	its collection
а	Public exhibition		d	☐ Loan	or exchange progra	ams	
b	Scholarly research		е	Othe	r		
С	Preservation for future gener	ations					
4	Provide a description of the organize Part XIII.	zation's collections and ex	plain how the	ey further th	e organization's exe	mpt purpose in	
5	During the year, did the organization assets to be sold to raise funds rational to the sold to raise funds rational transfer as the solution of the solution o					_	′es □ No
Pai	rt IV Escrow and Custodial Complete if the organiza X, line 21.		n Form 990), Part IV, li	ne 9, or reported	an amount on	Form 990, Part
1a	Is the organization an agent, truste included on Form 990, Part X?						res 🗌 No
b	If "Yes," explain the arrangement i	n Part XIII and complete	the following	table:		Amoun	
c	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an am					ility?	res 🗆 No
b	If "Yes," explain the arrangement i	n Dart VIII Chask bara if	the evaluati	ion has boon	provided in Bart VI	п П	
	II les, explain the arrangement i	II Part AIII. Check here ii	une expianati	ion nas been	provided in Part Al		
Pa	irt V Endowment Funds.	II Part AIII. Check here ii	тте ехріапас	ion nas been	provided in Part XI	<u></u>	
Pa), Part IV, ∣i	ine 10.		
	Endowment Funds. Complete if the organization	tion answered "Yes" o	n Form 990 ear (b) P), Part IV, li	ne 10. (c) Two years back	d) Three years bac	+
1 a	Endowment Funds. Complete if the organization	tion answered "Yes" o (a) Current year 746,81	n Form 990 ear (b) F 7,524	Prior year 727,004,726	ne 10. (c) Two years back (693,597,712	d) Three years bacl 654,925,58.	687,098,000
1a	Endowment Funds. Complete if the organization	(a) Current your 746,811	ear (b) F 7,524 2,992	Prior year 727,004,726 27,154,000	ne 10. (c) Two years back (693,597,712 13,830,000	d) Three years back 654,925,58 9,924,00	2 687,098,000 21,413,000
1a b	Endowment Funds. Complete if the organization	(a) Current y. 746,81	ear (b) F 7,524 2,992	Prior year 727,004,726	ne 10. (c) Two years back (693,597,712	d) Three years bacl 654,925,58.	2 687,098,000 21,413,000
1a b c	Endowment Funds. Complete if the organizate Beginning of year balance Contributions	(a) Current y. 746,81	ear (b) F 7,524 2,992	Prior year 727,004,726 27,154,000	ne 10. (c) Two years back (693,597,712 13,830,000	d) Three years back 654,925,58 9,924,00	2 687,098,000 0 21,413,000 0 -16,991,684
1a b c d	Beginning of year balance Contributions Net investment earnings, gains, and	(a) Current your 746,812 12,433 losses 17,889	ear (b) F7,524 2,992 9,537 7,250	Prior year 727,004,726 27,154,000 24,569,803	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014	d) Three years back 654,925,58 9,924,00 69,022,13	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678
1a b c d	Beginning of year balance Contributions Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities	(a) Current your 746,811 12,431 losses 17,885 -27,921	n Form 990 ear (b) F 7,524 2,992 9,537 7,250	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363	d) Three years back 654,925,58. 9,924,006 69,022,136 -27,026,13.	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities and programs	(a) Current your 746,811 12,431 losses 17,885 -27,921	n Form 990 ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000	727,004,726 27,154,000 24,569,803 -27,330,978	ne 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637	d) Three years back 654,925,58. 9,924,00: 69,022,13: -27,026,13:	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 -2,386,000
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities and programs Administrative expenses	ltion answered "Yes" o (a) Current yes 746,81 12,43 losses 17,88 -27,92 -2,90 -1,466 744,84	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726	d) Three years back 654,925,58. 9,924,00 69,022,13: -27,026,1311,078,86 -2,169,00	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 -2,386,000
1a b c d e	Beginning of year balance Complete if the organiza Beginning of year balance Contributions Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(a) Current yes 746,81 12,43 15,88 17,88 -27,92 -2,90 -1,46 744,84 20f the current year end bases 17,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726	d) Three years back 654,925,58. 9,924,00 69,022,13: -27,026,1311,078,86 -2,169,00	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 -2,386,000
1a b c d e f g	Beginning of year balance	(a) Current yes 746,81 12,43 15,88 17,88 -27,92 -2,90 -1,46 744,84 20f the current year end bases 17,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88 15,88	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726	d) Three years back 654,925,58. 9,924,00 69,022,13: -27,026,1311,078,86 -2,169,00	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 -2,386,000
1a b c d e f g	Beginning of year balance	tion answered "Yes" o (a) Current ye 746,81 12,43 losses 17,88 -27,92 -2,909 -1,466 744,84 of the current year end banent ▶ 15.000 %	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726	d) Three years back 654,925,58. 9,924,00 69,022,13: -27,026,1311,078,86 -2,169,00	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 0 -2,386,000
la b c d e f g a b	Beginning of year balance Complete if the organization of year balance Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities and programs Administrative expenses	tion answered "Yes" o (a) Current ye 746,81 12,43 losses 17,88 -27,92 -2,90 -1,46 744,84 of the current year end banent ► 15.000 % 14.000 %	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053 alance (line 1	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726	d) Three years back 654,925,58. 9,924,00 69,022,13: -27,026,1311,078,86 -2,169,00	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 0 -2,386,000
1a b c d e f g 2 a b	Beginning of year balance Complete if the organization of year balance Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	tion answered "Yes" o (a) Current ye 746,81 12,43 losses 17,88 -27,92 -2,90 -1,46 744,84 of the current year end benent ► 15.000 % 14.000 % 14.000 % 14.000 %	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524 g, column (a	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726)) held as:	d) Three years back 654,925,58 9,924,00 69,022,13 -27,026,13 -11,078,86 -2,169,00 693,597,71	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 0 -2,386,000
1a b c d e f g 2 a b	Beginning of year balance Complete if the organiza Beginning of year balance Contributions Net investment earnings, gains, and Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, at Are there endowment funds not in	tion answered "Yes" o (a) Current ye 746,81 12,43 losses 17,88 -27,92 -2,90 -1,46 744,84 of the current year end be nent ► 15.000 % 14.000 % 14.000 % 14.000 % the possession of the org	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524 g, column (a	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726)) held as:	d) Three years back 654,925,58 9,924,000 69,022,130 -27,026,1311,078,86 -2,169,000 693,597,71.	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 0 -2,386,000 2 654,925,582
1a b c d e f g 2 a b c	Beginning of year balance	tion answered "Yes" o (a) Current ye 746,81 12,43 losses 17,88 -27,92 -2,90 -1,46 744,84 of the current year end benent ► 15.000 % 14.000 % 14.000 % 14.000 % the possession of the org	ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053 alance (line 1	7, Part IV, li Prior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524 g, column (a	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726)) held as:	d) Three years back 654,925,58. 9,924,000 69,022,130 -27,026,1311,078,86 -2,169,000 693,597,71.	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 0 -2,386,000 2 654,925,582
1a b c d e f g 2 a b c	Beginning of year balance	tion answered "Yes" o (a) Current ye 746,81 12,43 12,43 17,88 -27,92 -2,909 -1,466 744,84 of the current year end banent ► 15,000 % 14,000 % 14,000 % 14,000 % the possession of the org	nn Form 990 ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053 alance (line 1) anization that	7, Part IV, li 2rior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524 g, column (a	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726)) held as:	d) Three years back 654,925,58. 9,924,000 69,022,130 -27,026,1311,078,86 -2,169,000 693,597,71.	2 687,098,000 21,413,000 0 -16,991,684 3 -26,613,678 7 -7,752,322 0 -2,386,000 2 654,925,582
1a b c d e f g 2 a b c	Beginning of year balance	tion answered "Yes" o (a) Current ye 746,81 12,43: losses 17,889 -27,92: -2,909 -1,460 744,84: of the current year end banent > 15.000 % 14.000 % 14.000 % 14.000 % 15.000 hd 2c should equal 100% the possession of the org rganizations listed as requises of the organization's	nn Form 990 ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053 alance (line 1) anization that	7, Part IV, li 2rior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524 g, column (a	ine 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726)) held as:	d) Three years back 654,925,58. 9,924,000 69,022,130 -27,026,1311,078,86 -2,169,000 693,597,71.	2 687,098,000 21,413,000 -16,991,684 3 -26,613,678 7 -7,752,322 -2,386,000 2 654,925,582
1a b c d e f g a b c	Beginning of year balance	tion answered "Yes" o (a) Current ye 746,81 12,43: losses 17,889 -27,92: -2,909 -1,460 744,84: of the current year end banent 15.000 % 14.000 % 14.000 % 14.000 % rganizations listed as requises of the organization's equipment.	n Form 990 ear (b) F 7,524 2,992 9,537 7,250 9,750 0,000 3,053 alance (line 1) anization that	7, Part IV, liprior year 727,004,726 27,154,000 24,569,803 -27,330,978 -3,529,022 -1,051,005 746,817,524 g, column (a	ne 10. (c) Two years back (693,597,712 13,830,000 59,737,014 -27,340,363 -11,182,637 -1,637,000 727,004,726)) held as:	d) Three years back 654,925,58. 9,924,000 69,022,130 -27,026,1311,078,86 -2,169,000 693,597,71.	2 687,098,000 21,413,000 -16,991,684 3 -26,613,678 7 -7,752,322 -2,386,000 2 654,925,582

1,066,330

21,088,852

2,399,795

9,824,516

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,736,176

901,221,666

23,662,957

247,668,581

43,937,745

342,757,667

197,157,025

23,980,703

7,700,709

4,802,506

579,552,851

18,362,043

50,511,556

29,781,558

683,010,514

Part VII	Complete if the organization answered "Vec" on Form 9	900 Part IV line	11h See Form 990 E	Part Y line	12
	Complete if the organization answered "Yes" on Form 9 (a) Description of security or category	(b) Book	(c) Method	d of valuatio	n:
	(including name of security)	value	Cost or end-of-		
(1) Financia (2) Closely-l	I derivatives held equity interests				
(3)Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(G)					
Total. (Columi Part VIII		325,991,928			
	Complete if the organization answered 'Yes' on Form 9	990, Part IV, line			
	(a) Description of investment		(b) Book value		od of valuation: d-of-year market
(1)			1		value
(2)					
(3)					
(4)					
(5) 					
(6)					
(7)					
(8)					
(9)					
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets.	00 D 137 !!			
	Complete if the organization answered 'Yes' on Form 9 (a) Description	50, rait IV, IIIIe .	тти. Эее гогт 990, Par		b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) 					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			•	
railt	Complete if the organization answered 'Yes' on Form 9	90, Part IV, line	11e or 11f.See Form		(, line 25.
1.	(a) Description of liability			(b) Book value	_
	income taxes			21 104 100	1
	Post Retirement tirement Liability			21,184,168 10,317,522	1
(4) Deposits				30,382,366	1
(5) Right to				25,903,344	-
(6) Split Inte	erest Obligations			6,649,657	J
(8)					-
(9)					-
					-
(10)	n (b) must squal Farm 000 Part V = 1(0) (c. 25)			04 455 55	-
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organ		94,437,057 ments that r	
	x positions under FIN 48 (ASC 740). Check here if the text of th				

Schedule D (Form 990) 2019

Page 4

	Complete if the organi	ization answered 'Yes' on Form 990, Part	T 1V, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part			Return	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ities	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d		•		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
c	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line $18.$.) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro	ride the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provide	4; Par any a	t IV, lines 1b and 2b; Pa additional information.	t V, line	4; Part X, line 2; Part
Return Reference		Explanation				
See Additional Data Table						
		<u> </u>				

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 14-1340095

Name: DENCCELAGE

Name: RENSSELAER POLYTECHNIC INSTITUTE

Supplemental Information

Return Reference	Explanation
Part V, Line 4: Intended uses of the endowment fund.	Income earned on Rensselaer's endowment provides support to students through scholarships, fellowships and prizes. In addition, income is used to provide support to the Institute in the form of professorships, lectures, departmental programs and institutional initiatives.

Supplemental Information Return Reference Explanation Effective July 1,2008, Rensselaer adopted ASU 2009-06, Accounting for Uncertainty in Incom Part X : FIN48 Footnote e Taxes. The adoption did not have a material effect on the financial statements.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137014161 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** RENSSELAER POLYTECHNIC INSTITUTE 14-1340095 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990-EZ) (2019)

efile GRAPHIC print -	- DO NOT PROCESS	As Filed Data -	ta - DLN: 93493137014			4161	
SCHEDULE F (Form 990)	Statement of	Activities (Outside the Un	ited St	ates	OMB No. 1545	
(1 31111 333)		► Attach t	d "Yes" to Form 990, Part IV, line 14b, 15, or 16.				
Department of the Treasury Internal Revenue Service	► Go to www.ir	s.gov/Form990 for i	nstructions and the latest i	nformation.		Open to Pu Inspection	blic
Name of the organization RENSSELAER POLYTECHNIC	C INSTITUTE				Employer ider 14-1340095	ntification numl	per
	formation on Activition Part IV, line 14b.	es Outside the U	Jnited States. Comple	ete if the o	organization a	inswered "Yes"	on
other assistance, th	Does the organization m ne grantees' eligibility for s or assistance?	the grants or assis		_		☑ Yes [□ No
2 For grantmakers. outside the United S	. Describe in Part V the or States.	ganization's proce	dures for monitoring the	e use of its	grants and ot	her assistance	
3 Activites per Region.	(The following Part I, line	3 table can be dupli	cated if additional space is	s needed.)			
(a) Region	(b) Number o offices in the region		(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s	ry listed in (d) is a ervice, describe ific type of e) in the region	(f) Total expen for and investi in the regi	ments
See Add'l Data			regiony				
						105	
3a Sub-totalb Total from continuationPart I	on sheets to					125	,936,923
c Totals (add lines 3a a	and 3b)					125	,936,923
Part I							

Cat. No. 50082W Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of az -!-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	TIV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
	Corporations. (See Instructions for Form 3471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6665)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No

Schedule F (Form 990) 2019	Page 5
Provide the in amounts of in method); and	Information ormation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; estments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide information. See instructions.
990 Schedule F, Supple	1
Return Reference	Explanation

Additional Data

Europe (Including Iceland)

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 14-1340095

Name: RENSSELAER POLYTECHNIC INSTITUTE

7,790,336

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region
Central America and Carribean	0	0	Investments		94,334,716

0 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 23,549,292 0 lInvestments East Asia & Pacific 0 Program Service Subcontract 103,131

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) 0 | Program Service 159,448 Europe Subcontract

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of l (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) lE Asia & Pacifi |Research 20,092 Subcontrac IE Asia & Pacifi Research 83.039 Subcontrac

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 102.113 Europe Research Subcontrac 22.336 lEurope Research Subcontrac

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) 35,000

lEurope

lResearch ISubcontrac

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE G

(Form 990 or 990-EZ)

DLN: 93493137014161

OMB No. 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Inspection ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** RENSSELAER POLYTECHNIC INSTITUTE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ☐ Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes
☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (vi) Amount paid to (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No Mailing The Stelter Co 10435 New York No 47,072 Des Moines, IA 50322 Mailing MarketSmart LLC 6404 Ivy Lane Suite 110 No 15,000 Greenbelt, MD 20770 62,072 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	t II Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990, Part IV, line 18	Page 2 3, or reported more
	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	gross receipts greater than \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Scholarship Gala (event type)	(event type)	(total number)	col. (c))
Revenue					
~					
	1 Gross receipts	1,029,279			1,029,279
	2 Less: Contributions	1,029,279			1,029,279
	4 Cash prizes				
န္	5 Noncash prizes				
ens	6 Rent/facility costs				
Direct Expenses	7 Food and beverages 8 Entertainment				
irect	9 Other direct expenses	1 160 501			1 160 501
۵	10 Direct expense summary. Add lines 4 t	1,169,501			1,169,501 1,169,501
	11 Net income summary. Subtract line 10	from line 3, column (d)		>	
Par	11 Net income summary. Subtract line 10 t III Gaming. Complete if the organisms. Some Some Some Some Some Some Some Some		s" on Form 990, Part I		-1,169,501
	<u> </u>		s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		-1,169,501
	on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	Gaming. Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	f III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	f III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-1,169,501 d more than \$15,000 (d) Total gaming (add
Direct Expenses Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	f III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes	(a) Bingo Yes % No	(b) Pull tabs/Instant bingo/progressive bingo — Yes%	(c) Other gaming	-1,169,501 d more than \$15,000 (d) Total gaming (add
s Revenue	f III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-1,169,501 d more than \$15,000 (d) Total gaming (add
s Reverue	faming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming active aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-1,169,501 d more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

DLN: 93493137014161

Treasury Internal Revenue Service		► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest information	on.		
Name of the organization RENSSELAER POLYTECHNIC INST	TITUTE					Employer i	dentification number
						14-134009) 5
		and Assistance					
Does the organization mai the selection criteria used						ce, and	☑ Yes □ N
2 Describe in Part IV the org							E les E i
			nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	" on Form 990, Part	IV, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptior noncash assista	
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other	.,.,	-					58
For Panerwork Peduction Act Notice			<u> </u>	Cat No. 5005			Schedule I (Form 990) 2019

(Form 990)

Department of the

Schedule I (Form 990) 2019						Page 2	
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistan	nce (b) Number of (c) Amount of (d) Amount of recipients (cash grant noncash assistance (e) Method of valuation (book, recipients (f) Description of noncash assistance (FMV, appraisal, other)						
Part IV Supplemental 1	Informa	ition. Provide the information	n required in Part I, li	ne 2; Part III, colum	n (b); and any other addition	nal information.	
Return Reference	Explanation						
Grantmaker's Description of How	Administ	Administration, monitoring and oversight of grants is conducted to oversee the progress and completion of the grants, ensuring compliance with all relevant terms and					

Schedule I (Form 990) 2019

Additional Data

ABB Inc

940 Main Campus Drive Raleigh, NC 27606 Albany Medical College

43 New Scotland Avenue Albany, NY 12208

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 14-1340095

Name: RENSSELAER POLYTECHNIC INSTITUTE

(g) Description of

non-cash assistance

(h) Purpose of grant

Research Subcontract

Research Subcontract

or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	i
organization		if applicable	grant	cash	(book, FMV, appraisal,	i
or government				assistance	other)	i

69,924

430,525

36-3100018

14-1338310

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government American Transportation Resear 54-2039775 501(c)(3) 17.837 Research Subcontract 950 N Glebe Rd Ste 210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

950 N Glebe Rd Ste 210 Arlington, VA 22203

Tempe, AZ 85287

Arizona State University 86-0196696 501(c)(3) 29,020 0 Research Subcontract PO Box 876011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Baylor Research Institute 75-1921898 501(c)(3) 194.923 Research Subcontract 3310 Live Oak Street

67.995

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Dallas, TX 75204

330 Brookline Avenue Boston, MA 02115

Beth Israel Deaconess Medical

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Carnegie Institution of Washi 53-0196523 501(c)(3) 6.265 Research Subcontract

78.528

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

1530 P St NW	
Washington, DC	20005
Chalearn	•

955 Creston Road Berkeley, CA 94708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Subcontract

City of Seattle 700 5th Ave Ste 3200 Seattle, WA 98124	91-6001245	501(c)(3)	5,276	0		Research S
Columbia University	13-5598093	501(c)(3)	225,605	0		Research S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

615 W 131st St MC 8725 New York, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government h Subcontract

Cornell University 373 Pine Tree Rd Ithaca, NY 14850	15-0532082	501(c)(3)	27,862	0		Research Subcontract
DAP AmericaInc	04-2643677		21,427	0		Research Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5875 Peachtree Industrial Bly Norcross, GA 30092

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Duke University 56-0532129 501(c)(3) 5.550 Research Subcontract

136.701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2080 Duke University Road Durham, NC 27708

2147 3rd Avenue Bronx, NY 10451

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 46-3357498 30.000 Research Subcontract Emprata LLC 5593 Jarist Drive

56.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

59-1961247

Clifton, VA 20124
Florida State University

600 W College Avenue Tallahassee, FL 32306

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GE Precision Healthcare LLC 83-0849145 9.183 Research Subcontract 3000 N Grandview Blvd

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

3000 N Grandview Blvd Waukesha, WI 53188 George Biddle Kellev Educatio

PO Box 14692 Albany, NY 12212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Georgia Tech Research 58-0603146 501(c)(3) 215.979 Research Subcontract

61.311

Camaina	` ` ` ` `	· '	
Corpora			
926 Dalney Street NW			
Atlanta, GA 30332			

501(c)(3)

04-2103580

Harvard University

25 Shattuck Street Boston, MA 02115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Subcontract

HDR Engineering Inc	47-0680568	17,855	0		Research Su
1917 S 67th Street					
Omaha, NE 68106					

513,998

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Icahn School of Medicine at M. 13-6171197

1 Gustave L Levy Pl New York, NY 10029

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Subcontract

Indiana University	35-6001673	501(c)(3)	55,520	0		Research St
107 S Indiana Avenue			·			
Bloomington, IN 47405						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Des Plaines, IL 60018

Institute of Gas Technology 36-2170137 501(c)(3) 127.719 Research Subcontract 1700 S Mount Prospect Rd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 56-2389829 103.909 Research Subcontract

Interface Technologies 56-2389829 103,909 0 Research
16 Mall Way
Simsbury, CT 06070

192.624

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

41-6011702

Mavo Clinic

200 First Street SW Rochester, MN 55905

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Research Subcontract

37.991

Memorial Hospital of South Be 615 N Michigan Street	35-0868132	501(c)(3)	20,884	0		R
South Bend, IN 46601						
						_

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Northewestern University

633 Clark Street Evanston, IL 60208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1145986 501(c)(3) 56.582 Research Subcontract

Ohio State University 208 Bricker Hall Columbus, OH 43210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Pennsylvania, PA 16801

Pennsylvania State University 24-6000376 501(c)(3) 16.209 Research Subcontract 201 Old Main University Park

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 06-1461988 64.209 Research Subcontract Proton Energy Systems 10 Technology Drive

34,682

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Wallingford, CT 06492

Pvilion Technologies LLC

640 John Street Brooklyn, NY 11201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Ouestar III Education Foundat 16-1597148 501(c)(3) 30.000 Research Subcontract 1021 Watervliet Shaker Rd

149.410

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Albany, NY 12205

10889 Wilshire Blvd Los Angeles, CA 90095

Regents of University of CA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Panccolner Newman 14-1470127 501/61/21 24 0001

Foundation 110 Eighth Street Troy, NY 12180	14-14/013/	301(0)(3)	34,000	0		
,,						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

230 W 41st Street New York, NY 10036

Research Foundation of CUNY 13-1988190 25.634 Research Subcontract 501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government h Subcontract

Research Foundation of SUNY 1400 Washington Avenue Albany, NY 12201	14-1368361	501(c)(3)	336,293	0		Research Subcontract
Rutgers University	46-2354111	501(c)(3)	54,602	0		Research Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

67 Hoes Lane West Piscataway, NJ 08854

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government rch Subcontract

Southwest Research Institute	74-1070544	501(c)(3)	26,776	0		Research
8 College Road						
Durham, NH 03824						
•						

45,461

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Tech Valley Game Space Inc

30 3rd Street Troy, NY 12180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2907553 501(c)(3) 164.813 Research Subcontract Texas A&M Health Science Cent 400 Harvey Mitchell Pkwy Sout

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

College Station, TX 77843 The Brigham & Womens

04-2312909 501(c)(3) 250.002 Research Subcontract Hospita 75 Francis Street Boston, MA 02115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Hvde Collection 14-1713384 501(c)(3) 10.000 161 Warren Street Glens Falls, NY 12801

135.945

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Trov Redevelopment

Foundation 22 First Street Trov, NY 12180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Tufts University 04-2103634 501(c)(3) 206.346 Research Subcontract 419 Boston Avenue Medford, MA 02155

7.500 l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

United Way of the Greater Cap

One United Way Albany, NY 12212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of California 95-2226406 501(c)(3) 130.284 Research Subcontract 2546 Social Behavioral Scie

50.899

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

84-6000555

Irvine, CA 92697
University of Colorado

13001 E 17th Place Aurora, CO 80045

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Subcontract

University of Florida	59-6002052	501(c)(3)	42,463	0		Research :
PO Box 113001						
Gainesville, FL 32611						

174.994

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

University of Illinois

28392 Network Place Chicago, IL 60673

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Subcontract

University of New Mexico	85-6000642	501(c)(3)	267,562	0		Research
1 Universtiy of New Mexico						
Albuquerque, NM 87131						

93.451

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

University of North Carolina

312 South Building Chapel Hill, NC 27599

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 23-1352685 501(c)(3) 119.000 Research Subcontract

University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104

16.803

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

University of Pittsburgh 25-0965591 501(c)(3)

123 University Place Pittsburgh, PA 15213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

University of Puerto Rico PR-108 Mayaguez, PR 00681	66-0433761	501(c)(3)	9,778	0		Research Subcontract
University of Rochester	16-0743209	501(c)(3)	39,047	0		Research Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

601 Flmwood Ave Rochester, PA 14626

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government University of South Carolina 57-6001153 501(c)(3) 275.504 Research Subcontract 1600 Hampton Street

13.505

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Columbia, SC 29208
University of South Florida

4202 E Fowler Avenue Tampa, FL 33620

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Subcontract

University of Southern Califo 300 Doheny Memorial Library Los Angeles, CA 90089	95-1642394	501(c)(3)	59,465	0		Research Subcontract
University of Texas at Austin	74-6000203	501(c)(3)	26,685	0		Research Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

110 Inner Campus Dr Austin, TX 78712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government University of Utah 87-6000525 501(c)(3) 64.508 Research Subcontract 75 S 2000 East

175,208

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Salt Lake City, UT 84112
University of Vermont

85 S Prospect Street Burlington, VT 05405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government University of Wisconsin 39-6006492 501(c)(3) 60.855 Research Subcontract

8.236

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

333 Bascom Hall Madison, WI 53706

201 Donaghey Avenue Conway, AR 72035

Universtiy of Central Arkansa

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Subcontract

Virginia Polytechnic Institut 300 Turner Street	54-6001805	501(c)(3)	180,900	0		Research S
Blackburg, VA 24061						

5.738

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Washington University

1 Brookinas Drive St Louis, MO 63130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Wason Technology LLC 45-3023083 115,238 Research Subconract

Tuxedo, NY 10987						
Woods Hole Oceanographic Inst	04-2105850	501(c)(3)	73,573	0		Research Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

86 Water Street Woods Hole, MA 02543

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ch Subcontract

Georgetown, DC 19947					
Xergy Inc 27-065938 120 N Race Street	4	21,591	U		Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 1873

New Haven, CT 06508

Scholarships - Undergraduate520238,033168,215,880Tuition DiscountScholarships - Undergraduate520238,033168,215,880Tuition DiscountPall Awards Undergraduate11755 677,201Pass-through

4,770,495

3,262,352

Tuition Discount

Tuition Assistance

Pell Awards Undergraduate	1175	5,677,201	Pass-through
Housing/Laptop Grants - Undergrad	214	989,390	Discounts

1,676,551

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

229

163

Scholarship - Graduate

Fellowship - Graduate

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Teaching & Research Asst - Graduate 1005 42,983,484 Tuition Assistance

Teaching & Research Asst - Graduate 1005 42,983,484 Tuition Assistance

Awards and Prizes 378.696

374,944

Research Grants

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49313	37014	161
Sch	edule J	Co	mpensat	ion Information	0	MB No.	1545-0	3047
(For	n 990)	For certain Office	hest					
		► Complete if the org	Compensa anization answ	, line 23.	20)	
D			▶ Attach	to Form 990. instructions and the latest inforr		Open		
•	tment of the Treasury al Revenue Service	V do to <u>www.ms.go</u>	<u>v/1 01111990</u> 101	metractions and the latest more		Insp	ectio	n
	ne of the organiza SSELAER POLYTECH				Employer identifica	tion nu	ımber	
					14-1340095			
Pa	rt I Questi	ons Regarding Compensat	tion				T	
1 a	Check the appro	oniate hov(es) if the organization	provided any of	f the following to or for a person liste	d on Form		Yes	No
Ta				y relevant information regarding the				i
	✓ First-class	s or charter travel	✓	Housing allowance or residence for	personal use			i
	✓ Travel for	companions		Payments for business use of perso	nal residence			İ
	Tax idemi	nification and gross-up payments		Health or social club dues or initiation	on fees			
	☐ Discretion	nary spending account	✓	Personal services (e.g., maid, chauf	feur, chef)			i
b	If any of the box	xes on Line 1a are checked, did t	the organization	follow a written policy regarding pay	ment or			
				ve? If "No," complete Part III to expl		1 b		No
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a?	2	Yes	<u> </u>
		•						
3				ed to establish the compensation of the not check any boxes for methods	ne			İ
	_	•		CEO/Executive Director, but explain i	in Part III.			
	☑ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant	<u>~</u>	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		r receive payment from, a supple				4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			=	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		1?				5a		No
b		anization?				5b		No
6	•	•	a A lina 1a did	the organization pay or accrue any				
Ü		ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	n?				6a		No
b	-					6b		No
	•	6a or 6b, describe in Part III.						1
7	For persons liste payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did ;," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8				red pursuant to a contract that was	occribo			-
				section 53.4958-4(a)(3)? If "Yes," de		8		No
9				presumption procedure described in		-		No
,				· · · · · · · · · · · · ·		9		
For F	Paperwork Redu	iction Act Notice, see the Inst	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	(A) Name and Title		kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								
	_							
	+							

Schedule J (Form 990) 2019	Page 3								
Part III Supplemental Inform	Part III Supplemental Information								
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation								
Part I, Line 1a: Relevant information in regards to selections on 1a.									
following policy regarding payment provisions for expenses	The President is the only employee eligible for first class and spousal/companion travel. Other executives may be approved based on demonstrated medical need only. Rensselaer's President is allowed to use first class travel on Rensselaer business in accordance with the terms of her employment agreement, which was approved by independent members of the Compensation and Personnel Development Committee. The President's expenses are subject to review by the Board of Trustees, including any amounts for spousal or companion travel. The Board has oversight of strategic issues for facilities management, which include but are not limited to capital improvements and other costs for Rensselaer's president's residence. The Board of Rensselaer also oversees the review and audit of expenses of the President relating to the presidential residence and personal services associated with the upkeep of the residence. Such review occurs under the Board's oversight on an at least annual basis.								
listed above	Rensselaer maintains a performance incentive program in connection with the annual evaluation process for its President and Executive Officers. Eligibility for receipt of such incentive payments is limited to certain Executive Officers and held within the scope of reasonable compensation for like positions at peer institutions. Performance Awards are made following the evaluation process and subject to review by the Compensation and Personnel Development Committee of the Board based upon annual evaluations, with the amount of such awards, if any, at its discretion subject to applicable maximum limits by employment contract.								
	Part II - As noted in Column B(iii) and consistent with applicable federal guidance, executive positions with primary responsibility for endowment management and enrollment are not eligible for incentive compensation.								

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 14-1340095

Name: RENSSELAER POLYTECHNIC INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	е J,	Part II - Officers, D	irectors, irustees, k	ey Employees, and i	Hignest Compensate	a Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISO (ii)	(iii)	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
			Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
1 BARBARA HOUGH Vice President	(i)	462,500 	10,000	1,658	37,800		511,958 	
	(ii)							
1 BILL FRANCIS Professor	(i)	377,878 		7,292 	19,955	19,254	424,379 	
2BOLESLAW SZYMANSKI	(ii) (i)	351,884		5,654	22,560	13,355	393,453	
Professor	(ii)							
3 CLAUDE ROUNDS Vice President	(i) (ii)	342,059	25,000	18,342	25,243	13,355	423,999	
4CRAIG COOK Secretary	(i)	415,492		8,726	23,161	19,254	466,633	
5CURTIS N POWELL	(ii) (i)	509,742	10,000	16,928	222,307	13,355	772,332	
Vice President	(ii)							
6 GRAIG EASTIN Vice President	(i) (ii)	473,050		13,216	22,244	23,254	531,764 	
7 JOHN E KOLB Vice President	(i)	453,575		9,102	22,359	13,355	498,391	
8JONATHAN DORDICK	(ii) (i)	455,192		4,356	22,708	12,625	494,881	
Vice President	(ii)							
9 JONATHAN WEXLER Vice President	(i) (ii)	338,886	10,000	57,345 	22,607	6,676	435,514 	
10MARY SIMONI Professor	(i)	341,040		18,885	22,403	13,355	395,683	
11PETER KONWERSKI	(ii) (i)	296,500		13,316	19,813	12,242	341,871	
Vice President	(ii)							
12PRABHAT HAJELA Provost	(i) (ii)	524,510		10,391	22,279	14,337	571,517	
13RICHIE HUNTER Vice President	(i) (ii)	340,091	10,000	17,850	23,839	19,254	411,034	
14ROBERT LINHARDT Professor	(i) (ii)	367,469		7,026	22,629	13,355	410,479	
15SHEKAR GARDE Dean, School of Engineering	(i) (ii)	373,436		10,392	22,442	19,254	425,524	
16SHIRLEY ANN JACKSON President	(i)	1,288,271	500,000	59,000	765,719	34,955	2,647,945	
17THOMAS BEGLEY Professor	(ii) (i) (ii)	376,660		18,753	17,762	16,794	429,969	
	L .							

DLN: 93493137014161 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury ▶ Attach to Form 990. Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** RENSSELAER POLYTECHNIC INSTITUTE 14-1340095 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (i) Pool (a) Issuer name (e) Issue price (h) On behalf of financing issuer Yes No Yes No Yes No City of Troy Capital Reso 27-2027427 897579AB4 06-04-2010 357,084,114 REFI SERIES 2002 B, C & D Χ Χ Χ City of Troy Capital Resource 27-2027427 897579ANB 12-02-2015 74,045,000 REFI SERIES 1999 & 2006 Χ Χ Χ Corporation Part II **Proceeds** C 36,570,000 7,220,000 3 357,084,114 81,447,156 5 6 7 2,642,271 989,100 8 9 10 11 354,441,843 80,458,056 12 13 2010 2015 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of Χ Χ **Private Business Use** Part 🎹 Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Χ

1.500 %

1.500 %

Χ

Х

Yes

C

No

Yes

Χ

Χ

Χ

No

Χ

Χ

Α

Nο

0.800 %

0.800 %

Χ

Χ

В

Yes

Χ

Yes

Х

Χ

Χ

Χ

Χ

Α

No

Χ

Χ

NΑ

Yes

Χ

lnα

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Page 3

No

D

No

Yes

Were gross proceeds invested in a guaranteed investment contract lnα

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Part VI

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Χ

No

Explanation

Rensselaer Polytechnic Institute has elected to use the calendar year of January 1, 2019 through December 31, 2019 for reporting tax-exempt bond issue.

Χ

Yes

Χ

R

No

C

Nο

Yes

efile GRAPHIC	C print - DC	NOT PROCE	SS A	s Filed Data -					DL	N: 93	4931	370:	14161
Schedule L		Tra	nsact	ions with Ir	ntereste	d Persor	าร			0	MB No.	1545	-0047
(Form 990 or 990	Form 990 or 990-EZ) > Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,						5,	2019					
		27, 28		r 28c, or Form 99 ttach to Form 990			4 0 b.				Z U		フ
Department of the Trea	isury	▶Go to <u>www</u>		Form990 for inst			forma	tion.			Open t	to Pu	ublic
Internal Revenue Servi											Insp		
Name of the orga RENSSELAER POLY		UTE					Er	mplo	yer ide	entifica	ation n	umb	er
								1-134					
			•	501(c)(3), section ! on Form 990, Part !		•		_					
		qualified person		(b) Relationship be					escript) Corı	rected?
					organization	· 		tr	ansacti	on	Yes		No
							-						
							+						
		,	_	on managers or dis		ons during the	year u	ınder	_				
4958	nount of tax	if any, on line 2	above re	eimbursed by the o	rganization .		•			\$ —— \$			
2 211001 1110 41	mounte of taxy		, above, .		- gamzation i					<u> </u>			
Con	nplete if the o	or From Interganization answ Int on Form 990	wered "Yes	s" on Form 990-EZ,	Part V, line 3	38a, or Form 99	90, Pai	rt IV,	line 26	; or if	the org	aniza	ition
(a) Name of	(b) Relation	ship (c) Purpos		oan to or from the	(e) Original	(f) Balance	(g)	In	(1	h)	(i) Wri	tten
interested person	with organiza	organization of loan		organization?	principal amount	due	defa	efault? Approved board					ent?
					amount				1	nittee?			
			То	From			Yes	No	Yes	No	Yes		No
								ļ					
		-											
Total .					\$								
				terested Person "Yes" on Form 9		line 27							
(a) Name of inter						(d) Type	of assi	stanc		(e) Pu	rnose o	f assi	istance
(a) Name of files	ested person	interested per	son and th		or assistance	(4) 1700	01 4331	Scarre		(0) 1 4	1 0000	1 4331	istarice
		organiz	ation			1							
									_				
						+							

organization			reven	ues?
			Yes	No
Spouse of Presid	275,070	Employee Compensation		No
Spouse of VP	227,980	Employee Compensation		No
	Spouse of Presid	Spouse of Presid 275,070	Spouse of Presid 275,070 Employee Compensation	Yes Spouse of Presid 275,070 Employee Compensation

Explanation

Schedule I. (Form 990 or 990-F7) 2019

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

Supplemental Information

Part V

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137014161 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** RENSSELAER POLYTECHNIC INSTITUTE 14-1340095 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1,062,645 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493137014161
CCHEDIII	EO	0	- I I - 6 4! -	4 F 000 0	NO. E7	OMB No. 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.					2019	
Department of the T	Open to Public Inspection					
Namel Betherofg					Employer identi	fication number
RENSSELAER POLY	LECHNIC INS	IIIUIE			14-1340095	
990 Schedul	e O, Suppl	lemental Information	1			
Return Reference				Explanation		
Form 990, Part III, Line 4d: Other Program Services Description	gle apts 1,0		n meal plans: 3,714 (housing units available: Dorm ro DTHER PROGRAM SERVICES exempt purpose.	•	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Process

Form 990, Part VI, Line
11b: Form
990 Review

Form 990 is provided to the Board of Trustees prior to filing via a secure website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Rensselaer's Trustees, Institute leaders, faculty, and selected staff involved in purchasi ng, finance and budgeting functions are required annually to review Rensselaer's Conflict of Interest and Commitment Policy and affirmatively verify they are free of any conflict o f interest or commitment which would interfere with the ability to perform their duties. P otential conflicts of interest and/or commitments are reviewed by an Institute-wide commit tee. Also, a report is made to the Board of Trustees Audit Committee annually.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Consistent with Rensselaer's bylaws, the Rensselaer Board of Trustees has delegated the co mpensation of the President and other officers to the Compensation and Personnel Developme nt Committee of the Board. The Compensation Committee retains separate independent compens ation consultants to provide a Compensation and Benefits report to determine the compensat ion of the President of Rensselaer and its officers. The President of Rensselaer holds a n on-voting seat on the Board of Trustees and does not participate or attend any discussions and is not a party to any communications of the Board or its designated committee which a re held in consideration of her compensation, employment terms or performance evaluation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	The Conflict of Interest policy is available via Rensselaer's website. The disclosure of g overning documents and financial statements are made available to the public upon request.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Other	Change in value of life income contracts = \$5192120
Changes In	
Net Assets	
Or Fund	
Balances -	
Other	
Increases	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Other	Loss on extinguishment of debt = -\$10866827
Changes In	
Net Assets	
Or Fund	
Balances -	
Other	
Decreases	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Other	Minimum Pension Liability = -\$27725606
Changes In	
Net Assets	
Or Fund	
Balances -	
Other	
Decreases	

990 Schedule O, Supplemental Information

Return Reference
Other Miscellaneous Adjustment = \$3868

Changes In
Net Assets
Or Fund
Balances Other
Increases

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Other components of net periodic benefit costs = -\$9031324

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfers - Hartford Graduate Center = -\$851644

SCHEDULE R
(Form 990)

As Filed Data Related

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

Employer identification number

DLN: 93493137014161OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

RENSSELAER POLYTECHNIC INSTITUTE						14-1	340095				
Part I Identification of Disregarded Entities. Complete i	f the organization answ	ered "Yes	" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary ac	tivity	(c) Legal domic or foreign c	ile (state country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	i) ntrolling ity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns. Complete if the org	anization	answered '	"Yes" on I	orm 990	, Part I'		ecause	it had one or		
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal do	(c) micile (state gn country)		(d) Code section Pub (if s		(e) Public charity status (if section 501(c)(3))		(f) ect controlling entity	Section (13) co ent	ntrolle tity?
(1)RENSSELAER HARTFORD GRADUATE CENTER INC 275 WINDSOR STREET HARTFORD, CT 06120 06-0766747	GRADUATE INSTRUCTION		CT 501(c)(3)		170-)(A)ii	NA		Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form	990	Car	. No. 50135	<u> </u>				Sche	dule R (Form	990) 20	019

Schedule R (Form 990) 2019	=						–						Page 2
Part III Identification of Related Organ one or more related organizations				te if the org	ganizatior	n answered "	Yes" on Forn	n 990,	Part :	IV, line 34,	beca	use it	had
(a) Name, address, and EIN of related organization		(b) Primary activity	(b) (c) Primary Legal	(d) Direct controlling entity	(e) Predominincome(relunrelate excluded tax und sections 5	lated, total incor ed, from ler 512-		Disprop	h) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	aging	(k) Percentage ownership
					514)			Yes	No	1	Yes	No	
												П	
												$\vdash \vdash$	
												\vdash	
												\square	
Part IV Identification of Related Organ because it had one or more related (a) Name, address, and EIN of	d organizations treated as	s a corporation	on or tru	st during th	e tax yea	(e)	(f)		(g)	(H	1)		(i)
Name, address, and EIN of related organization	Primary activity	dor (state	egal micile or foreign ıntry)		controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		e of end- year assets	-of- Perce owne		(1	ection 512(b) 3) controlled entity? Yes No
(1)CRAT 2 203 Redwood Shores Parkway Redwood Shores, CA 94065	Trust		VΥ	N/A		Trust							No
(2)CRUT 10	Trust	,	YY	N/A		Trust						+	No
203 Redwood Shores Parkway Redwood Shores, CA 94065													
(3)Pooled Income Fund 2	Trust	1	ΥV	N/A		Trust							No
203 Redwood Shores Parkway Redwood Shores, CA 94065													
(4)External Trusts 14	Trust	1	VY	N/A		Trust							No
110 Eighth Street Troy, NY 12180													

Schedule R (Form 990) 2019		Pa	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a		No
b Gift, grant, or capital contribution to related organization(s)	. 1b		No
c Gift, grant, or capital contribution from related organization(s)	. 1c		No
d Loans or loan guarantees to or for related organization(s)	. 1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	. 1p		No
q Reimbursement paid by related organization(s) for expenses	. 1q		No
r Other transfer of cash or property to related organization(s)	. 1 r		No
s Other transfer of cash or property from related organization(s)	. 1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	ds.		
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of do	(d) etermining amount	involved	t

l Performance of services or membership or fundraising solicitations for related organization(s) \dots				11	No		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) $. . . $				1m	No		
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			i i i	1n	No		
o Sharing of paid employees with related organization(s)				10	No		
p Reimbursement paid to related organization(s) for expenses				1p	No		
q Reimbursement paid by related organization(s) for expenses				1 q	No		
r Other transfer of cash or property to related organization(s)				1r	No		
${f s}$ Other transfer of cash or property from related organization(s)				1s Ye	s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered	relationships and tra	ansaction thresholds.	•			
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining amount into type (a-s)							
(1)RENSSELAER HARTFORD GRADUATE CENTER INC	d	2,256,384	Cash				
(2)Pooled Income Fund 2	s	1,321,885	Cash				

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	1990	0) 2019

Schedule R (Form 990) 2019			Page 5
Part VII	Supplemental Info	mental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	